



Arizona Medical Board

9545 East Doubletree Ranch Road • Scottsdale, Arizona 85258

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FINAL MINUTES FOR EMERGENCY SUMMARY ACTION MEETING

Held on Monday, August 20, 2007

9545 E. Doubletree Ranch Road • Scottsdale, Arizona 85258

Board Members

William R. Martin III, M.D., Chair
Douglas D. Lee, M.D., Vice Chair
Dona Pardo, Ph.D., R.N., Secretary
Dan Eckstrom
Robert P. Goldfarb, M.D., F.A.C.S.
Patricia R.J. Griffen
Ram R. Krishna, M.D.
Todd A. Lefkowitz, M.D.
Lorraine L. Mackstaller, M.D.
Paul M. Petelin Sr., M.D.
Germaine Proulx
Amy J. Schneider, M.D., F.A.C.O.G.

Call to Order

The meeting was called to order at 12:00 p.m.

Roll Call

The following Board Members participated telephonically: Mr. Eckstrom, Dr. Goldfarb, Ms. Griffen, Dr. Krishna, Dr. Lee, Dr. Lefkowitz, Dr. Mackstaller, Dr. Martin, Dr. Pardo, Dr. Petelin, and Ms. Proulx. The following Board Member was not present: Dr. Schneider.

Call to Public

Statements issued during the call to public appear beneath the case referenced.

TIME SPECIFIC MATTER					
NO.	CASE NO.	COMPLAINANT v PHYSICIAN		LIC. #	RESOLUTION
1.	MD-07-0728A	AMB	DAVID L. GREENE, M.D.	32747	Consideration of Summary Action

Dr. Greene was not present during consideration of this case. Kelly Sems, M.D., Chief Medical Consultant, summarized the case for the Board. At the August 2007 Arizona Medical Board (Board) Meeting, Dr. Greene testified before the Board during a formal interview that over the past sixteen months, he has not had any significant surgical complications. Dr. Greene also testified his surgeries were overseen by physicians at CORE and there were mechanisms in place to monitor him. On August 15, 2007 Staff was informed that Dr. Greene is no longer employed by CORE. Staff was also given the names of two additional patients from the CORE Institute (CORE) where surgical complications were identified in surgery performed by Dr. Greene. The cases were reviewed by a medical consultant (MC). The first case involved patient D.K. who developed a postoperative infection requiring a second surgery for debridement and during the second surgery, developed an iatrogenic dural tear. The MC opined Dr. Greene managed the complications appropriately, but was critical of his medical record keeping. Dr. Greene failed to disclose these complications to the Board during his formal interview. The second case involved patient D.E. who died in the recovery room after an extensive spine surgery performed by Dr. Greene. The MC noted inadequate medical records. D.E. encountered excessive bleeding during the procedure that required massive amounts of fluid replacement. The MC commented this case should have been reported to the Board during Dr. Greene's formal interview. The Board has received information from Boswell Hospital that indicates they will be forwarding information regarding several other cases where complications occurred during the past sixteen months. However, Staff has not yet verified these complications. Dr. Greene poses an imminent threat to public safety.

Mr. Paul Giancola, Dr. Greene's attorney, spoke on behalf of Dr. Greene. Dr. Greene has taken a 180 day leave of absence and is currently not working. He informed the Board that after the Board's decision at the August meeting, CORE began initiation of an employment separation agreement. Mr. Giancola informed Staff, prior to the meeting, that Dr. Greene would be willing to sign a consent for an Interim Practice Restriction that would restrict Dr. Greene from performing spine surgery, and allow him to perform general orthopedic surgery, but staff did not agree. He stated Dr. Greene would like to practice general orthopedics. In the case of D.K., Mr. Giancola noted that Staff indicated Dr. Greene met the standard of care in this case in that the infection was diagnosed in a timely manner and treated. In the case of D.E., Mr. Giancola stated this was reviewed internally at CORE and the cause of death was not determined to be a major technical surgical complication, but was a result of disseminated intravascular coagulopathy (DIC). In closing, Mr. Giancola stated there was no failure to disclose the cases to the Board, as they did not fall under the Board's definition of a major long lasting surgical technical complication as defined in the Decree of Censure issued to Dr. Greene. Dr. Sems questioned Dr. Greene's ability to practice general orthopedics as he has been performing spine surgery for the last four years.

Dr. Petelin questioned why there was no autopsy obtained in the case involving D.E. Dr. Sems informed the Board that she had discovered that there was no jurisdiction to perform an autopsy since D.E. died in the recovery room. Dr. Petelin noted there was no proof in the record to confirm the DIC and there was no autopsy. He noted that Dr. Greene did not go back and look for the reason for the amount of blood loss in this patient. Dr. Martin noted that Dr. Greene is no longer employed at CORE and commented that the Board had found his practice at CORE comforting because he would be closely monitored by his colleagues. He also noted that Dr. Greene had testified under oath during his formal interview that he has not had any major technical surgical complications within the past sixteen months and the Board has since found that to be untrue. Dr. Mackstaller opined that Dr. Greene is a young physician who has experienced numerous complications in a very short period of time. Dr. Lee stated it is unsatisfactory to allow Dr. Greene to continue practicing. He opined that Dr. Greene has a lack of medical knowledge and questioned whether he would continue to ignore the obvious signs as he did in these cases if allowed to continue practicing.

MOTION: Dr. Lee moved to summarily suspend Dr. Greene's license based on an imminent threat to public health and safety.

SECONDED: Dr. Mackstaller

Dr. Petelin spoke in favor of the motion and noted that Dr. Greene has recently taken his orthopedic board examinations; however, that would not ensure he was capable of performing the procedures he was once trained to do. Dr. Martin commented that taking the board exams and passing them are different and Staff does not have the results of his exams. Dr. Goldfarb agreed with Dr. Petelin and stated Dr. Greene might not have the ability to develop a general orthopedic practice since he has been performing spine surgery for years. Dr. Goldfarb was also concerned with Dr. Greene's failure to disclose these cases to the Board during his formal interview and spoke in favor of the motion to summarily suspend his license.

ROLL CALL VOTE: Roll call vote was taken and the following Board Members voted in favor of the motion: Mr. Eckstrom, Dr. Goldfarb, Ms. Griffen, Dr. Lee, Dr. Lefkowitz, Dr. Mackstaller, Dr. Martin, Dr. Pardo, Dr. Petelin, and Ms. Proulx. The following Board Member abstained: Dr. Krishna. The following Board Member was absent: Dr. Schneider.

VOTE: 10-yay, 0-nay, 1-abstain, 0-recuse, 1-absent.

MOTION PASSED.



The meeting was adjourned at 12:26pm.

A handwritten signature in black ink, appearing to read "Timothy Miller".

Timothy Miller, J.D., Executive Director